Winter 2003 Volume 4, Number 1



## NCBD 2003 Update

We recently distributed participation materials for 2003. To participate, Sponsors need the following materials:

- ♦ Survey Conformance Guidelines
- ◆ Sponsor Registration Form
- ♦ Sponsor Participation Agreement
- ♦ Data Submission Instructions
- ♦ Health Plan Information Form

Sponsors should return the Sponsor Registration Form and the Sponsor Participation Agreement as soon as possible to ensure inclusion in our tracking system. As long as data submission is completed in a timely and accurate manner, the report distribution dates are as follows:

## **Commercial Sponsors:**

• Data Files Deadline: July 1, 2003

• Report Distribution: September 15, 2003

### **Medicaid Sponsors:**

Data Files Deadline: August 1, 2003
Report Distribution: October 15, 2003

### **SCHIP Sponsors:**

• Data Files Deadline: August 1, 2003

• Report Distribution: November 17, 2003

We strongly encourage sponsors to submit survey data prior to the deadlines if possible, as we process the data as soon as we receive it. Questions about data submission should be directed to Elizabeth Westin at 301-294-4442 or by e-mail at <a href="MCBD1@westat.com">MCBD1@westat.com</a>. We look forward to your participation in NCBD 2003!

### **2003 Data Submission Specifications**

We have revised NCBD data submission specifications to conform to CAHPS 3.0 as well as NCQA data specifications for 3.0H. Sponsors will be able to access and download the revised forms directly from the NCBD Web site (<a href="http://ncbd.cahps.org">http://ncbd.cahps.org</a>). In addition, Sponsors will have the option of downloading the Health Plan Information form as an Excel file from the web site, completing it and e-mailing it back to the NCBD, thereby eliminating the need for some of the paper documents.

## **New and Improved NCBD Web Site!**

The NCBD Web site has been redesigned to provide CAHPS users with up to date information about the NCBD, its products and services and current submission requirements. Sponsors are now able to access and download submission information, forms and data specifications directly from the Web site. We will update the site as new information becomes available. We're still at the same address: <a href="http://ncbd.cahps.org">http://ncbd.cahps.org</a>. Please visit the site regularly to keep abreast of updates and new releases.

## **S-CHIP Reports Released**

NCBD distributed the first SCHIP Sponsor Reports in 2002. NCBD received data from three state SCHIP programs – Washington, California and Texas. The SCHIP reports follow the same format as the Medicaid Child Sponsor Report.

### **Survey Conformance Guidelines**

Sponsors are reminded to follow the survey conformance guidelines presented below.

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Deviating from these guidelines may jeopardize our ability to include data in the NCBD 2003.

# ♦ Follow the prescribed CAHPS 3.0/3.0H question numbering.

Deviating from the prescribed numbering may result in miscoding of survey responses. The prescribed question numbering is documented in the <u>CAHPS Survey and Reporting Kit</u> (available at www.cahpssun.org), as well as in NCQA's <u>Volume 3</u>, <u>HEDIS 2003 Specifications for Survey Measures (available at www.ncqa.org)</u>.

# ♦ Include all <u>core</u> CAHPS questions using the specified wording.

If any core questions are omitted or the wording is altered, NCBD will be unable to create the respective composite and/or rating scores that are derived from those question responses.

## ♦ Do not omit the survey items related to respondent characteristics.

Respondent age, education and self reported health status are used to case-mix adjust the individual plans' scores to the respective NCBD population. Data files that do not include these items will be excluded from the NCBD 2003.

Following the Survey Conformance Guidelines will help to ensure more accurate and timely reporting for NCBD participants.

# Sponsor Spotlight: Conversations With Medicaid Sponsors

NCBD held two conference calls in December 2002 with Medicaid Sponsors to seek feedback on NCBD processes. Highlights from the calls are presented below.

#### ◆ Transition to CAHPS 3.0

Sponsors questioned whether NCBD expects all sponsors to have transitioned to the 3.0 CAHPS version by 2004. NCBD strongly supports this goal, but we will continue to accept 2.0 data in 2003. Sponsors administering a 2.0 survey for 2003 should contact the NCBD for specific instructions before submitting their data. Sponsors should note that changes to some survey items have resulted in data that will not be trendable from 2.0 to 3.0.

## ♦ Sponsor Reports

Sponsors liked the current version of the report. They supported the addition of an Executive Summary that they could share with others with less knowledge of the CAHPS surveys. While Sponsors liked accessing the reports via a secure Web site, they were also interested in receiving electronic copies of the report that they could manipulate (i.e., cut and paste). Sponsors liked the Chartbook but none felt the Chartbook could replace the Sponsor Reports.

### ♦ Presentation of Consumer Ratings Results

Sponsors requested that NCBD present the ratings results is such a way that allows for maximum flexibility. NCBD staff informed the group that NCQA was going to report results using their convention (8, 9 and 10) and using the NCBD convention (9 and 10). Also, NCBD staff offered to include frequency tables to allow sponsors to aggregate their ratings results however they chose.

### **♦** CCC Questions

NCBD asked about state experience using the Children's Chronic Care (CCC) questions. A few states reported surveying children with chronic conditions but several didn't use the CAHPS sampling protocol for this population. Several states also reported using the screener for their adult and child populations. Of the states that included the items, many were waiting for the analytical results.



### ♦ State Cost Sharing Strategies

Most states reported assuming the full cost of implementing the CAHPS surveys for the Medicaid population. Many states acknowledged that budget deficits may affect their ability to participate in 2003 and beyond. Other states reported on cost sharing strategies. Michigan reported that they split the survey costs with the health plans. Another state is exploring requiring plans to conduct the survey and submit the data to NCBD under a common sponsor name. NCBD would then compile a report for the sponsor and include their PCCM program results. This strategy would allow states to minimize their costs while still receiving data for their entire program.

## National Quality Report to Include NCBD 2002 Data

As part of the legislation reauthorizing the Agency for Healthcare Research and Quality (AHRQ), Congress mandated that the agency produce an annual report on health care quality in the United States. The National Healthcare Quality Report (NHQR), scheduled for release later this year, will include a broad set of performance measures and will be used to monitor the nation's progress toward improved health care quality.

CAHPS is one of the key measurement sets that will be used to report performance in the categories of timeliness, patient-centeredness, and overall performance. The Medical Expenditure Panel Survey (MEPS), which now includes selected CAHPS items, will be the primary source of information for national level estimates for these indicators. At the state level, the NCBD will provide CAHPS results for the Medicaid (adult and child) and Medicare managed care and fee-for-service populations. Although not all states report CAHPS results to

NCBD, we received authorization from 17 states that participated in NCBD 2002 to use their CAHPS results in the NHQR. The specific CAHPS question items that will be included in the NHQR are:

### **Timeliness:**

- Percent of persons who report that they can get an appointment for routine care as soon as they want
- Percent of persons who report that they can get care for illness/injury as soon as they want

### **Patient-Centeredness:**

- Percent of patients who report that their doctor listens carefully
- Percent of patients who report that their doctor explains things clearly
- Percent of patients who report that their doctor shows respect for what they have to say
- Percent of patients who report that their doctor spends enough time with them

### **Overall Measures:**

• Overall rating of health care received

Further information on the NHQR and the performance measures to be included can be found at http://www.ahrq.gov/qual/nhqrfact.htm.